## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

09/18765/

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |             |                 |                               | (Column 2)                   |                  |       | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN          |                        |
|---|--|---|-------------|-----------------|-------------------------------|------------------------------|------------------|-------|---------------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   |             |                 |                               |                              |                  |       | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR   |  |   |             | NUMBER FILED    |                               | NUMBI                        | ER EXTRA         |       | BASIC FEE           | 375.00                 | OR      | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS minus   |  |   |             |                 | us 20=                        | *                            |                  |       | X\$ 9=              |                        | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS minu   |  |   |             |                 | nus 3 =                       | *                            |                  |       | X42=                |                        | OR      | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |             |                 |                               |                              |                  |       | +140=               |                        | OR      | +280=               |                        |
| * If the difference in column 1 is less than zero, enter                              |  |   |             |                 |                               | "0" in c                     | olumn 2          | -     | TOTAL               |                        | OR      | TOTAL               |                        |
|   |  |   |             |                 |                               |                              | (Column 3)       | L     | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL      |                        |
| ENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |       | FATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT A</b>  | Total  | .9  | \           | Minus           | ** 8                          | 9                            | - ス              |       | X\$ 9=              |                        | OR      | X\$18=              | 36                     |
|   | Independent                                    | *   |             | Minus           | ***                           | 7                            | = 0              |       | X42=                |                        | OR      | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |             |                 |                               |                              |                  |       | +140=               |                        | OR      | +280=               |                        |
| TOTAL   |  |   |             |                 |                               |                              |                  |       |                     |                        |         | TOTAL<br>ADDIT, FEE | 360                    |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE   |  |   |             |                 |                               |                              |                  |       |                     |                        |         |                     |                        |
| AMENDMENT B   |  | CLA<br>REMAI<br>AFT<br>AMEND              | NING<br>ER  |                 |                               | BER<br>OUSLY                 | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE | •       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   |             | Minus           | 112                           |                              | =                |       | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    | ٠   |             | Minus           | ***                           |                              | [=               | ]     | X42=                |                        | OR      | X84=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |                 |                               |                              |                  |       | +140=               |                        | OR      | +280=               |                        |
|   |  |   |             |                 |                               |                              |                  |       | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |             |                 |                               |                              |                  |       |                     |                        |         |                     |                        |
| AMENDMENT C   |  | CLA<br>REMA<br>AFT<br>AMENO               | INING<br>ER |                 | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | PATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   |             | Minus           | **                            |                              | =                |       | X\$ 9=              |                        | OR      | X\$18=              | ·                      |
|   | Independent                                    | ٨   |             | Minus           | ***                           |                              | =                |       | X42=                |                        | OR      | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |                 |                               |                              |                  | J     | +140=               |                        |         | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |             |                 |                               |                              |                  |       |                     |                        | OR      | +280=               |                        |
|   | 'If the "Highest Nu                            | imber Prev                                | riously P   | aid For IN TH   | IS SPACE                      | is less tha                  | ın 3, enter "3." |       | ADDIT. FEE          |                        | OR      | ADDIT. FEE          |                        |
|   | The *Highest Nun                               | nder Previ                                | ousiy Pa    | ro Por (Iola) ( | r ingepend                    | ent) is the                  | aignest numb     | er to | aug iu me abi       | propriate box          | K IN CO | iumo 1.             |                        |